

**NORTH CAROLINA IMMUNIZATION PROGRAM (NCIP)**  
**COVERAGE CRITERIA FOR ALL CHILDREN PRESENT IN NORTH CAROLINA**  
**Effective: February 1, 2015**

The purpose of this document is to distinguish which cohorts of persons, present in North Carolina, are eligible for vaccine from the North Carolina Immunization Program (NCIP). North Carolina Immunization Program (NCIP) vaccine is generally available for children through the age of 18 in compliance with recommendations made by the Advisory Committee for Immunization Practices (ACIP) and the Vaccines for Children (VFC) program. Exceptions for adult vaccine usages are noted below. ACIP recommends certain vaccines for certain cohorts who are not covered by NCIP vaccine. Health care providers must use privately-purchased vaccine for those cohorts who wish to have vaccine and are not covered by this coverage criteria. For the current recommendations for each vaccine, please see the ACIP statements found at: <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>. Current Procedural Terminology ® (CPT) codes have been added for your reference.

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
DT Pediatric	≥2 months through 6 years	Only administered when pertussis-containing vaccine is medically contraindicated.	UNIVERSAL		90702
DTaP	≥2 months through 6 years		VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html</a>	90700
DTaP, Hep B, and polio combination (Pediarix)	≥ 2 months through 6 years		VFC ONLY	Currently licensed for the primary series at ages 2, 4, and 6 months of age. Not approved for the fourth dose of IPV or the fourth and fifth doses of DTaP.	90723
DTaP, polio, and Hib combination (Pentacel)	≥ 2 months through 4 years		VFC ONLY	Currently licensed for a 4-dose series at ages 2, 4, 6 and 15-18 months.	90698
DTaP/IPV combination (Kinrix)	≥ 4 years through 6 years		VFC ONLY	Currently licensed only for the 4-6 year booster dose of DTaP and polio vaccines	90696
EIPV (Polio)	≥2 months through 17 years		VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/polio.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/polio.html</a>  See ACIP recommendations for administration to persons ≥18 years of age.	90713

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
Hep A/Hep B Combination	≥ 18 years	Any uninsured adult who meets one or more of the ACIP recommended coverage groups can receive a three dose series of the combination Hep A/Hep B vaccine at the local health department or at Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC).  State-supplied Hep A/Hep B vaccine <u>cannot</u> be used for the accelerated schedule, four dose series or for persons with documented history of a completed hepatitis A or B series.	UNINSURED ADULT USE	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html</a> At risk for infection includes: <ul style="list-style-type: none"> <li>• Sex partners of hepatitis B surface antigen (HBsAg)positive persons</li> <li>• Sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than one sex partner during the previous 6 months)</li> <li>• Persons seeking evaluation or treatment for a sexually transmitted disease</li> <li>• Men who have sex with men</li> <li>• Household contacts of HBsAg-positive persons</li> <li>• Persons who have chronic liver diseases such as Hepatitis B &amp; C or HIV positive</li> <li>• Persons who have been incarcerated</li> <li>• IV Drug Users</li> </ul>	90636
Hepatitis A Pediatric use	12 months through 18 years		VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepa.html</a>	90633
Hepatitis B Pediatric use	Birth through 18 years	1. The birth dose of Hepatitis B vaccine is available universally. 2. Other doses of hepatitis B vaccine may be given to children through 18 years of age who are VFC-eligible only. 3. Children through 18 years of age, regardless of insurance status, who have not received the first dose of the Hep B series, and who are household, sexual or needle sharing contacts of an acute or chronic Hepatitis B infected person must be referred <u>to the local health department</u> for testing and vaccination.	VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html</a>	90744
Hepatitis B Pediatric use  Engerix-B ® GSK  Recombivax ® Merck	Certain adults 19 years of age	1. Any uninsured adult 19 years of age may receive state-supplied Hep B if the first dose of Hep B is before the 19 <sup>th</sup> birthday. The series must be complete before the 20 <sup>th</sup> birthday if using state-supplied vaccine. 2. Uninsured immigrants with refugee status who are from endemic countries who are 19 years of age may receive Hepatitis B vaccine at the local health department. <b>All immigrants with refugee status must be referred to the local health department for testing and vaccination.</b>	ADULT USE		90744 (pediatric product)

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
Hepatitis B Adult use	Certain adults ≥ 20 years of age may receive state-supplied Hep B	1. Individuals who are ≥20 years of age, regardless of insurance status, who have not received the first dose of the Hep B series, and who are household, sexual or needle sharing contacts of an acute or chronic Hepatitis B infected person must be referred <u>to the local health department</u> for testing and vaccination. 2. Uninsured immigrants with refugee status who are from endemic countries who are ≥ 20 years of age may receive Hepatitis B vaccine <u>at the local health department</u> . <b>All immigrants with refugee status must be referred to the local health department for testing and vaccination.</b>	ADULT USE	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html</a>  Recombivax HB and Engerix-B vary in their licensing for adult and pediatric products. Consult the <a href="#">Pink Book</a> for guidance on selecting the correct formulation.	90746 (adult product)
Hib	≥2 months through 4 years	Certain high-risk children >59 months through 18 years of age, who are not appropriately vaccinated, may receive one dose. See the ACIP Recommendations	VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hib.html</a>  Hib should not be administered to a child that is less than 6 weeks of age, because this may induce immunologic tolerance to the HIB antigen, reducing the response to subsequent doses of HIB vaccine.	90647--PRP-OMP, PedvaxHIB  90648—PRP-T, ActHIB
HPV (Gardasil)	<u>Females and males 9 through 18 years of age</u>	State-supplied Gardasil vaccine for HPV is available for females and males 9 through 18 years of age. The series must be complete prior to the 19th birthday.	VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hpv.html</a> Contraindications include: • Pregnancy	90649
HPV (Cervarix)	<u>Females 9 through 18 years of age</u>	State-supplied Cervarix vaccine for HPV is available for females only 9 through 18 years of age. The series must be complete prior to the 19th birthday.	VFC ONLY	Contraindications include: • Pregnancy • The prefilled syringes of bivalent (Cervarix) HPV vaccine should not be used in persons with anaphylactic latex allergy because syringes have latex in the rubber stopper. Bivalent HPV vaccine single dose vials contain no latex.	90650

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
Influenza Pediatric use	≥ 6 months through 18 years		VFC ONLY	Refer to annual flu memo from Immunization Branch and ACIP flu guidelines.  ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html</a>	90686 preservative-free 3 years & up  90685 preservative free 6-35 mos  90687 & 90688 Preservative containing 6 mos & up  90672 Preservative-free Intranasal, live, 2 yrs & up

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
Influenza Adult use  IIV4 (Fluzone only)	Certain females 19 years of age and older	State-supplied influenza vaccine is available to: <ul style="list-style-type: none"> <li>Non-Medicaid, uninsured women who are pregnant during flu season, and receiving services at the Local Health Department (LHD), Federally Qualified Health Center, or Rural Health Center.</li> <li>Females with a family planning waiver receiving services at LHDs, Federally Qualified Health Center, or Rural Health Center.</li> </ul> Adults may not receive state-supplied LAIV vaccine	UNINSURED FEMALES	Refer to annual flu memo from Immunization Branch and ACIP flu guidelines.	90686 Preservative-free, 3 yrs. & up 90688 Preservative-containing, 3 yrs. & up
Meningococcal Conjugate High-Risk  *Menactra is licensed starting at 9 months of age.  Menveo starts at 2 months of age  MenHibrix is licensed for 6 weeks through 23 months of age	High-risk only 6 weeks through 18 years of age	<ul style="list-style-type: none"> <li>Children 6 weeks through 18 years that are defined as high risk</li> </ul>	VFC ONLY	<ul style="list-style-type: none"> <li>Children aged 6 weeks through 18 years who are at increased risk for meningococcal disease, including <ul style="list-style-type: none"> <li>Children who have complement deficiencies (e.g., C5-C9, properidin, factor H or factor D);</li> <li>Travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic;</li> <li>Children who are part of an outbreak of a vaccine-preventable serogroup</li> <li>Children who have anatomic or functional asplenia</li> </ul> </li> </ul> ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html</a>	90734 (for Menveo and Menactra)  90644 for MenHibrix

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
Meningococcal Conjugate (routine)  Menactra Menveo	11 through 18 years of age	All children aged 11 through 18 years of age	VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html</a>	90734 (for Menveo and Menactra)
Meningococcal Conjugate	Adults 19 years through 55 years	A single dose of meningococcal vaccine is available for uninsured unvaccinated first year college students <u>living in dormitories</u>	UNINSURED ADULT USE		90734
MMR Pediatric use	≥ 12 months through 18 years		VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html</a>  Contraindications include: <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Pregnancy should be avoided for 4 weeks following vaccination</li> <li>• Known severe immunodeficiency</li> </ul> Allergy to eggs is <u>NOT</u> a valid contraindication to receiving MMR vaccine.	90707

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
MMR Adult use	Certain other adults, (19 and older) without insurance	<p><b>One dose</b> of MMR vaccine is available for:</p> <ol style="list-style-type: none"> <li>1. Uninsured immigrants with refugee status of any age without documentation of a prior MMR may receive MMR at the <u>local health department</u>.</li> <li>2. All uninsured susceptible persons without documentation of a prior MMR may receive MMR at the local health department, Federally Qualified Health Center (FQHC), or Rural Health Center (RHC).</li> </ol> <p><b>Two doses of MMR</b> vaccine are available for:</p> <ol style="list-style-type: none"> <li>1. Any uninsured person entering a four-year college or university in North Carolina for the first time, in addition to, any uninsured adults attending any other post-high school educational institutions (i.e. community colleges and technical schools because:</li> </ol> <p><b>2 doses of measles</b> containing vaccine is required by law for</p> <ul style="list-style-type: none"> <li>➤ all persons born in 1957 or later entering a North Carolina college/university*** for the first time on or after July 1, 1994 and that</li> </ul> <p><b>Two doses of mumps</b> are also recommended and available for all uninsured adult students attending post-high school educational institutions (i.e. community colleges and technical schools).</p> <ol style="list-style-type: none"> <li>2. All uninsured women ages 19-44 years at <u>the local health department</u>.</li> </ol>	UNINSURED ADULT USE	<p>Contraindications include:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Pregnancy should be avoided for 4 weeks following vaccination</li> <li>• Known severe immunodeficiency</li> </ul> <p>Allergy to eggs is <u>NOT</u> a valid contraindication to receiving MMR vaccine.</p>	90707

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
MMRV	≥ 12 months through 12 years		VFC ONLY	<p>ACIP recommendations:  <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mmr.html</a></p> <p>For the first dose of measles, mumps, rubella, and varicella vaccine given at 12-47 months of age, either MMRV or separate MMR and varicella vaccines can be used. The potential benefits and risks of both vaccination options should be discussed with the parents or caregivers.</p> <p>Contraindications include:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> </ul> <p>Contraindications include:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Pregnancy should be avoided for 4 weeks following vaccination</li> <li>• Known severe immunodeficiency</li> <li>• A personal or family (i.e., sibling or parent) history of seizures of any etiology</li> </ul>	90710
Pneumococcal Conjugate 13-valent (PCV13)	<p>All children ≥ 2 through 59 months</p> <p>Certain children ≥60 months through 18 years with high risk conditions.</p>	<p>The ACIP Recommends these age groups be vaccinated:</p> <ul style="list-style-type: none"> <li>• All children 2 through 59 months of age</li> <li>• Children 60 through 71 months of age with certain underlying medical conditions</li> </ul> <p>The ACIP recommendation indicates children 6 through 18 years of age who are at increased risk for invasive pneumococcal disease because of certain conditions may be vaccinated with PCV13.</p> <p>*Supplemental dose: A <u>single</u> supplemental dose of PCV 13 is recommended for all children 14 through 59 months of age who have already completed their PCV 7 series.</p>	VFC ONLY	<p>ACIP recommendations:  <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html</a></p>	90670



VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
Pneumococcal Polysaccharide 23-valent (PPSV23)	≥ 2 years through 18 years	Available only for high-risk children	VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/pneumo.html</a>	90732
Rotavirus	≥ 6 weeks through 7 months		VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rotavirus.html</a>	90680—3-dose (Rotateq)  90681—2-dose (Rotarix)
Td Pediatric use	≥ 7 years through 18 years	1. Available for doses 1 through 3 if child did not receive adequate doses before age 7. 2. Recommended as a booster dose every 5-10 years.	VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html</a>	90714
Td Adult use Uninsured	Certain adults 19 years of age or older may receive state-supplied Td.	1. Can be given to any uninsured person 19 years of age or older entering a North Carolina college/university*** (where Td is required by NC Immunization Law) for the first time who has not had a booster in 10 years, or has not completed the 3 dose primary series. 2. Any uninsured person 19 years of age or older can receive Td at the local health department, FQHC, or RHC. 3. Can be given to any uninsured person 19 years of age or older being seen in a hospital emergency department for wound management.	UNINSURED ADULT USE		90714
Tdap Pediatric use	Children 7 through 18 years		VFC ONLY	ACIP recommendations: <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/tdap-td.html</a>	90715

VACCINE	AGES COVERED	ELIGIBILITY CRITERIA FOR NCIP VACCINE USAGE	Cohort	**ACIP Recommendation Highlights	CPT Code
Tdap Adult use	≥ 19 years	<p>1. One dose of state-supplied vaccine may be administered to any uninsured adult for whom Tdap is indicated.</p> <p>2. Local health departments (LHDs) may administer state-supplied Tdap vaccine to uninsured pregnant women 19 years and older (at any time during pregnancy regardless of prior vaccine history of Tdap, but preferably between 27-36 weeks gestation). In addition, uninsured postpartum women 19 years and older may receive one dose of state supplied Tdap if there is no documentation of a previous Tdap vaccination. Both pregnant and postpartum women must be being served by the LHD in any capacity.</p>	UNINSURED ADULTS		90715
Varicella (Chickenpox)	> 12 months through 18 years	One dose is required for all children born on or after April 1, 2001 prior to entering kindergarten. However 2 doses are recommended and available for VFC children.	VFC ONLY	<p>ACIP recommendations:  <a href="http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html">http://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/varicella.html</a></p> <p>Contraindications include:</p> <ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Pregnancy should be avoided for 4 weeks following vaccination</li> <li>• Known severe immunodeficiency</li> </ul>	90716

**VFC- Vaccines for Children:** Children through 18 years of age that meet at least one of the following criteria are eligible for VFC vaccine: Medicaid eligible, Uninsured, American Indian or Alaskan Native, Underinsured or Unaccompanied minors without proof of insurance presenting to local health department Title X clinics.

Underinsured children are children who have commercial (private) health insurance but the coverage does not include vaccines; children whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only), or children whose insurance caps vaccine coverage at a certain amount - once that coverage amount is reached, these children are categorized as underinsured. Note: Children whose health insurance covers vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met or because the insurance did not cover the total cost of the vaccine. Children who are covered by North Carolina Health Choice (NCHC) are considered insured, with one exception: NCHC children who are American Indian or Alaskan Native are eligible for VFC vaccines.

VFC vaccine cannot be used for allergy skin testing prior to vaccination.

**\*\* ACIP Recommendation Highlights** - Information in this section is abbreviated and **NOT** inclusive of all recommendations, precautions, or contraindications. Review the full ACIP Recommendations for each vaccine on the CDC website at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm> Full and final recommendations are published as MMWR Recommendations and Reports. Updates are often sent out as Provisional Recommendations with the most pertinent information included before the final recommendations are released. There is also separate documentation for **Contraindication/Precautions** for all vaccines on the CDC web site at: <http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm>.

**\*\*\***Students attending colleges within the North Carolina Community College System are exempt from North Carolina Immunization Law for college/university entry. However, some programs at community colleges, such as medical programs, may have requirements specific to their program, but this does not allow them to receive state supplied vaccine unless it is specifically stated in the coverage criteria.

**\*\*\*\*** Persons, of any gender, covered by the Be Smart Family Planning Medicaid Program are considered uninsured and may receive available state-supplied vaccines if receiving services at a Local Health Department, Federally Qualified Health Center or Rural Health Clinic.

Local health department (LHD) providers may administer NCIP vaccine offsite, without requesting permission from the Branch, as long as certain conditions are met. Refer to the memo dated May 6, 2011 for complete details.

Unless specifically stated above, no NCIP vaccine may be administered to an insured individual unless the patient is an underinsured child at an FQHC, RHC, Local Health Department or deputized provider.